



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. _____

Occupancy and Fee Checked _____

[Rev. 1/07] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: _____

City or Town of: _____

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____

Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above grad. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems:*	
No. of Water Heaters KW	No. of Signs No. of Ballasts	No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Data Wiring: No. of Devices or Equivalent	
OTHER:		Telecommunications Wiring: No. of Devices or Equivalent	

Estimated Value of Electrical Work: _____

Attach additional detail if desired, or as required by the Inspector of Wires. (When required by municipal policy.)

Work to Start: _____

Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: _____

Licensee: _____

Signature _____

LIC. NO.: _____

LIC. NO.: _____

(If applicable, enter "exempt" in the license number line.)

Address: _____

Bus. Tel. No.: _____

Alt. Tel. No.: _____

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: _____ Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent Signature _____

Telephone No. _____

PERMIT FEE: \$ _____

EMAIL: _____